

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/069389** FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2		1			
3		1			
4		1			
5		1			
6		1			
7		1			
8		1			
9		1			
10		1			
11		1			
12		1			
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15	1				
16	1				
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45					
46					
47					
48					
49					
50					
TOTAL IND.	3				
TOTAL DEP.	17				
TOTAL CLAIMS	16				